PETITION FOR DELAYED BIRTH CERTIFICATE

In the Circuit Court
State of Florida

County of _____ File Number _____

Petitioner respectfully says that:

No birth certificate has been filed for him and her and as evidence thereof, petitioner has attached an official statement to that effect from the official custodian of the birth records of the State of _____ being the State of his or her birth.

Petitioner's full name is _____
(First) (Middle) (Last name prior to first marriage, if applicable)

_____. His or her residence is _____, Florida.
(Sex) (Street Address) (City)

He or she was born on _____
(Month) (Day) (Year)

at _____
(City or Town) (County) (State)

That petitioner's father's/parent's name was (or is) _____
(First) (Middle) (Last name prior to first marriage, if applicable)

birthplace of father/parent _____
State (or country if not born in the U.S.)

That petitioner's mother's/parent's name was (or is) _____
(First) (Middle) (Last name prior to first marriage, if applicable)

birthplace of mother/parent _____
State (or country if not born in the U.S.)

Date of marriage of parents _____

and petitioner prays that an order be entered by this court, certifying such facts.

(Signature) _____
If not signed by petitioner,
state relationship to petitioner _____

Subscribed and sworn to before me this _____ _____
(Notary Signature)

day of _____, 20_____ _____
(Print Name of Notary)

Personally known _____ OR Produced Identification _____

Type of Identification Produced _____

(Seal)

As corroboration of the petitioner's sworn statement of the facts of birth, there may be presented the following documents including but not limited to:

Military Service Record
Census Record
School Record
Application for Insurance Policy
Affidavit for Marriage License
Birth Certificate of Petitioner's Child
Social Security Application
Voter's Registration Record

INSTRUCTIONS

This form is used ONLY when petitioning the Circuit Court to file a Delayed Birth Certificate. Form should be submitted to the Circuit Court in either the county of birth or county of residence.

Form should be typed or printed legibly with all items completed.

Proof of no record on file in the form of a "No Record Found" statement issued from the State Registrar of the state of birth will be required.

A supply of this form may be obtained by submitting a request on official letterhead to:

Office of Vital Statistics
Attn: Delay Unit
P.O. Box 210
Jacksonville, Florida 32231-0042

When ordering, please specify quantity desired.